

to, believes that these accidents are owing to congestion of the uterus, and its lining membrane produced in the first or chill stage. In two of my cases, however, there was no elevation of temperature, intermittent neuralgia with other malarial phenomena being alone present. In other cases in which a miscarriage took place, the temperature never rose higher than 100°F., and the paroxysms were not ushered in with a perceptible chill. In a few instances I have attended women in premature labor while suffering from a severe attack of intermittent fever, and yet the child was born alive. Consequently the hypotheses advanced above would not explain the cause of the accident in these cases. I am inclined to think the cause is a neurotic one, and independent of temperature. When the organism is under the toxic influence of malaria, the nervous system is always in a condition of high tension, and it is not unreasonable to suppose that the explosion, which in one gives rise to a rigor or pyrexial attack, in another to neuralgia, in a child may be to an eclamptic seizure, might in a sympathetic organ like the uterus, inaugurate pain and contractions.

While authorities differ so widely on the last two questions, these discordant opinions extend equally to the action of the remedy upon which all depend in the treatment of malaria of pregnancy. Shröder and others maintain that it is extremely problematical whether quinine has an oxytocic action or not. Cazeau § considers it a certain preventative against premature labor, whilst many others † assert that it has a decided ecbohic action. Hausman (*Berliner Klensche Wochenschrift*, Sept. 11th, 1882) records a case of well-marked uterine contractions following the administration of quinine in a case two months advanced in pregnancy.

I have given quinine both in large and small doses in many cases for the purpose of quickening or rendering more efficient labor pains in cases of inertia of the uterus, or for stimulating the uterus to contraction when the escape of

the amniotic fluid has not been followed by pains. I have also frequently administered it for intermittent fever, neuralgia, and other malarial phenomena during the course of pregnancy, and in only the two following cases have I ever seen any perceptible ecbohic action follow its use:

Mrs. R. M., aged 30—3 para. I saw her on the third day following her parturition, she having been attended by a midwife, who, it was stated, assisted the expulsion of the placenta by pulling on the cord. Her labor was not tedious, and she was in perfect health at the time. For the first forty-eight hours after the birth of her child she suffered severely from "after-pains," but for the twelve hours previous to my visit they had not been nearly as severe. A few hours before I saw her she had had a slight chill, and her temperature at the time of my visit was 103.5°F. I left her 40 grs. of quinine, ten grs. to be given at once, to be followed by four grains every two hours. I was informed the next morning that about two hours after she took her first dose of medicine the "after-pains" returned with redoubled vigor, and continued, at short intervals, for about half an hour, when a "large bloody mass" was expelled from the vagina, after which the pains entirely ceased, and her condition rapidly improved. Her subsequent convalescence was uninterrupted.

Case No. 2.—Aug. 8th, 1885. Mrs. H., mother of two children, informs me that she has been troubled with "falling of the womb." She is pregnant about five months. Yesterday she felt bearing down sensations, intermittent in character, but has had no pain or hemorrhage. This morning, while micturating, a sudden profuse gush of water escaped from the vagina. A digital examination revealed the vagina moist, the finger passing readily into the external os, but not through the internal. She was ordered to bed, and $\frac{1}{4}$ gr. of morphia given.

I saw the patient again the following evening (Aug. 9th), about six o'clock, when I found her suffering from the usual symptoms of an acute paroxysm of ague. Her temperature was 101.5°F., and she was sweating, the fever evidently abating. No symptoms of labor had

* System of Midwifery, p. 445.

† *Am. Jour. of Obstet.*, Dec., 1883.

§ *British Med. Journal*, July 18th, 1885.

‡ *Ibid.*